

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 453 N north  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life years, months or days)

3. (a) PRINT FULL NAME FERDINAND JOSEPH BROWN

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Florence Brown 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Sept-22-1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 29 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saline Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Brown  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Brown  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Florence Brown

(b) Address Marshall MO

17. (a) Burial (b) Date thereof 6-23-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem. Marshall MO

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall MO

19. (a) 6-21-41 (b) Mary Kent (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 453 N north (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 20  
1941, to June 21 1941;

that I last saw him alive on June 20 1941

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Dr. James Leggett Physician  
on location

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall MO Date signed 6/21/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-16-41

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**